DOCUMENT RESUME

ED 150 429 CE 014 919

TITLE	Immigration of Graduates of Foreign Nursing Schools. Report of the Conference (Bethesda, Maryland, June 23-24, 1975).
INSTITUTION	Health Resources Administration (DHEW/PHS), Bethesda, Md. Bureau of Health Manpower.; Health Resources Administration (DHEW/PHS), Bethesda, Md. Div. of Nursing.
REPORT NO	DHEW-HRA-76-84
PUB DATE	Jun 75
NOTE	40p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 ($0.70, minimum charge of $1.00 for each mail order)
EDRS PRICE	MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS	*Certification; Conferences; Federal Government; *Foreign Nationals; Foreign Workers; Government Role; Graduates; *Immigrants; Information Needs; National Surveys; *Nurses; Nursing; *Occupational Tests; Professional Associations; State Licensing Boards

ABSTRACT

Results of two projects concerned with pre-immigration screening procedures for foreign nurse graduates are included in this conference report along with summaries of conference discussion and conclusions. (Participants were representatives of organizations and agencies concerned with immigration of nurses and other health professionals.) The first report is of an investigation by the Division of Nursing on the possibility of establishing a pre-immigration examination for nurses in their home countries through a mechanism similar to that now in effect for foreign medical graduates. It includes findings of a survey of State Boards of Nursing on numbers, characteristics, and results of licensure applications of foreign nurse graduates. Information on provisions of the state nurse practice acts and on relevent immigration laws and regulations is also included. The second report is of a project contract with Pace University Foreign Nurse Center to develop a plan for establishment of a pre-immigration screening examination for foreign nurse graduates. The conference summary reports that there was concensus clearly expressed by the participants that an organization should be established as a central agency for all matters relating to immigration of graduates of foreign nursing schools and that pre-immigration/prelicensing examination would reduce the burden of individual evaluations now carried by State Boards of Nursing. Notes on a postconference meeting on formation of the organization is appended. (JT)

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REPORT OF THE CONFERENCE
BETHESDA, MARYLAND
JUNE 23-24, 1975

HEALTH MANPOWER REFERENCES

DHEW Publication No. (HRA) 76-84

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PUBLIC HEALTH SERVICE ■ HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH MANPOWER ■ DIVISION OF NURSING
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FOREWORD

The Division of Nursing shares the concern of the nursing profession over the growing evidence that a high proportion of graduates of foreign nursing schools who come to the United States intending to be employed as nurses fail to qualify for licensure. In its role of assisting to maintain recognized standards for the profession, the Division has taken initiative in seeking measures to help insure that nurses admitted to this country will have a reasonable chance of meeting the licensure requirements.

The Conference on Immigration of Graduates of Foreign Nursing Schools, which is the subject of this report, stemmed from two projects recently undertaken by the Division. The first of these was the Survey of Foreign Nurse Graduates carried out by the American Nurses' Association. It was designed to provide basic information on these nurses and their experience in obtaining licensure.

The second project, an investigation into the feasibility of setting up a pre-immigration examination for nurses, was carried out by Pace University through its foreign nurse center in New York City. National and international nursing organizations were involved at every step of this project and concurred in the recommendations.

This report of the Conference contains summary information from the two projects, and the recommendation to found an independent organization which would establish and be responsible for all aspects of the examination. It contains discussion by the participants of the proposal and possible alternatives, and concludes with plans for implementation of the recommended action.

Jessie M. Scott

JESSIE M. SCOTT
Assistant Surgeon General
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BACKGROUND

The Division of Nursing, along with the national and State nursing organizations, has been aware for some years of the essential problem in immigration of foreign trained nurses. That is, the poor incidence of success of these nurses in meeting State requirements for licensure.

In earlier years, the number of nurses entering the United States with the intention of being employed as nurses was small, and stemmed largely from English-speaking countries with similar traditions and requirements in nursing education. The State Boards of Nursing were able to evaluate individually the credentials of the nurses and in many cases endorse them for State licensure without examination. More recently, with changes in immigration statutes and regulations, increasing numbers of nurses are entering the United States from countries where language, education, and culture are quite different from those of the United States. As these nurses made application for licensure, the State Boards of Nursing were finding the task of evaluating their credentials more difficult, and consuming excessive amounts of time and resources. In the last several years, the State Boards of Nursing have moved to a Board Test Pool Examination to secure a license, the same as is policy of requiring all foreign-trained nurses to take the State required by all U.S.-trained nurses.

In processing the applications of the foreign nurse graduates to take the State Board Test Pool Examination, it was seen that many of the nurses had deficiencies in their nursing/secondary education which had to be removed before they could be admitted to the examination. When admitted to the examination, the results began to show a very high failure rate. On repeated examinations many continue to fail. It is estimated that as high as 50 percent never succeed in becoming licensed. Since licensure to practice has been developed by the various States to protect the citizens from unqualified practitioners, the failure of foreign-trained nurses to meet licensure requirements indicates a significant gap in the protection offered by the law.

Granting a visa to a nurse who petitions to enter this country for employment as a nurse, presupposes that the nurse is prepared to function in this country as a fully qualified nurse. The only indication of such readiness available at this time to officials responsible for issuing visas is the license, diploma, or other certificate granted by the country where the nursing education was received.

Since the changes in immigration laws and regulations made it possible for greater numbers of nurses to enter this country, the activities of profit-making recruitment agencies have been intensified. Many of the nurses arrive with a very inadequate understanding of the requirements they will have to meet in this country. When they are unable to secure a license, but of necessity must earn a living, they can be subject to a degree of exploitation by employers in this country. The dissatisfactions and disillusionment experienced by these nurses has in some instances led them to press for lowering the standards and for ill-advised legislative measures under which they might achieve licensure.

While much information existed relative to immigration and licensure of foreign nurse graduates, it was evident that it was fragmented among Federal, State, and voluntary agencies. Much existed in the experience of the various persons responsible for various aspects of nurse immigration and licensure. In order to develop a body of factual data on which to base recommendations for action, the Division of Nursing entered into a contract with the American Nurses' Association to study the experience of foreign nurse graduates in securing State licensure, and other matters.

Meanwhile, it was coming to the attention of the State Department and its Visa Office that their officials were issuing visas to prospective nurse immigrants as fully qualified nurses, but that many of them on entering this country could not meet the legal requirements to practice.

The Department of Labor was also concerned over continuing to approve visa petitions for nurses as a category of workers whose services were in short supply in this country. Programs of the Federal Government to increase the supply of nurses are proving effective particularly in preparing nurses to fill the first-level positions which foreign nurse graduates would ordinarily fill. The Department of Labor was therefore concerned that the entry of foreign nurse graduates could deprive U.S.-trained nurses of employment opportunities, or be a means of depressing salary scales for nurses in this country.

For these reasons, the Division of Nursing was asked to investigate the possibility of establishing a pre-immigration examination for nurses in their home countries through a mechanism similar to that now in effect for foreign medical graduates.

An informal conference was then convened by the Division of Nursing for a preliminary exploration of the question of a pre-immigration examination or other screening procedure. Representatives of official and voluntary nursing organizations participated together with representatives of the Federal agencies con-

cerned with immigration. There was concensus at this meeting that a screening mechanism would be helpful in giving greater assurance that those nurses who do immigrate could qualify for licensure.

At this preliminary meeting it was made clear that nurse licensure is the prerogative of the States, and that the standards of education underlying nurse licensure are developed by the nursing profession. It was agreed that the proper role of the Division of Nursing as an agency of the Federal Government, was to "initiate, promote and support" measures to help insure that nurses in this country meet recognized qualifications for practice.

Subsequent to this initial meeting, a wider exploration of opinion, including that of international health/nurses' organizations, and employers of nurses in this country, again brought concensus that a pre-immigration screening examination would be a good and helpful measure.

The Division of Nursing then contracted with the Pace University, Foreign Nurse Center, New York City, to develop a plan for establishment of a pre-immigration screening procedure for foreign nurse graduates. A requirement of the contract was that the procedure have the concurrence of the nursing profession and conform to relevant immigration laws and regulations.

It was recommended by the Advisory Committees of both the ANA Foreign Nurse Survey Project mentioned above, and the Pace University Screening Examination Project, that the results of the projects be shared in conference with the organizations and agencies concerned with immigration of nurses and other health professionals.

THE CONFERENCE

GOALS OF THE CONFERENCE

In her opening remarks, Jessie Scott, Director of the Division of Nursing, outlined the concerns both of the Division, and of the nursing profession in the matter of immigration of graduates of foreign nursing schools. Foremost among these concerns are protection of the purpose for which licensure was established; that is, the protection of the public from unqualified practitioners, and maintenance of the high standards of nursing education which are the foundation for licensure and practice.

Along with these fundamental concerns is concern for the welfare of nurses themselves. Nurses from foreign lands are being encouraged to leave their home countries without having had adequate assessment of their individual readiness to meet the conditions of nursing practice in this country. Failure to meet these conditions results in discouragement and disillusionment, and possibly to exploitation of their need to take gainful employment.

The purpose of the conference, as outlined by Miss Scott, was to:

1. Hear the reports of two Division of Nursing projects related to graduates of foreign nursing schools.
2. Review and discuss the recommendations from the projects.
3. Offer and discuss alternative or additional courses of action.
4. Take specific steps toward implementation of recommended action.

REPORT OF ANA SURVEY OF FOREIGN NURSE GRADUATES

Mrs. Beverly Bechtel, who was Project Director for the ANA Survey of Foreign Nurse Graduates, at the conclusion of the project reported the approach used to collect data on the numbers, characteristics, and results of licensure applications of foreign nurse graduates, and other areas of investigation carried out in relation to their licensure activities.

Methodology

A two-part survey methodology was used consisting first of a mail questionnaire to each of the State Boards of Nursing in the

50 States and the District of Columbia to obtain basic numerical information on foreign nurse graduate applications; and an on-site survey of the applications on file in 8 States having a high degree of foreign nurse graduate licensure activity.

Findings Regarding Licensure

The State Boards of Nursing reported that in the survey years of 1970, 1971, and 1972, they received a total of 43,000 first-time foreign nurse graduate applications for licensure. Five States, New York, Michigan, California, Illinois and New Jersey, accounted for 75 percent of the applications.

For the same 3 years, the State Boards reported licensing of 20,485 foreign nurse graduates, either by endorsement or by examination.

It is important to understand that the figure of 43,000 represents applications, not persons, as the nurses may move from State to State and submit multiple applications. Because there is no means of determining such duplication among the States' records, the actual number of individual foreign nurse graduates applying for licensure is unknown. The figure of 43,000 is also higher than the number of nurses admitted to this country in that period, as reported by the Immigration and Naturalization Service (INS). Since it is not necessary for certain classes of immigrants to indicate their occupation, INS is not able to state the actual numbers of nurses admitted to this country in any given year. Therefore, the number of foreign nurse graduates in this country is also unknown.

In surveying actual applications in the selected States, it was found that of those who did become licensed, it took an average of 1.7 years between first application (in that State) and licensure.

Characteristics

It was found that the average age of the nurses was 29 years, 96.5 percent were female, 45 percent were single, 66.7 percent had been graduated since 1965, 81 percent held a diploma in nursing and 18 percent had the Bachelor of Science degree (possibly in a discipline other than nursing).

Educational Deficiencies

While the foreign nurse graduate may have completed the educational program required in the home country, in many cases that program has not included all the elements required by the State Boards of Nursing in the United States. Before the applicant can be admitted to the examination, any such deficiencies must be re-

moved. In addition, the applicant must satisfy the Board of whatever test the Board has established, that she has sufficient command of the English language. Among the applications surveyed in the selected States, it was found that 19 percent showed a lack in psychiatric nursing; 5.2 percent in obstetrical nursing; and 2.6 percent each in medical, surgical, and pediatric nursing. It was found that 17 percent did not have the secondary education equivalent to that required of U.S.-trained nurses; 20.3 percent were deficient in English language proficiency.

Educational Courses for FNGs

The selected States were asked to supply whatever information was available on opportunities for foreign nurse graduates to remove the educational deficiencies through classroom work and clinical training. While no exhaustive investigation was attempted, response to the inquiries showed that a very small number of agencies offered such courses on a continuing basis.

For the most part, it appeared that opportunities occurred haphazardly, in response to an immediate need or the availability of instructors or other stimulus. Among those known to the State Boards, none had had the resources to evaluate the results of the courses, even in terms of subsequent success on the licensure examination.

An array of obstacles to "remedial" education for the foreign nurse graduates was brought out by the respondents. The integrated nature of the curriculum in most of the nursing schools makes it difficult to find ongoing classes in the nursing schools which are teaching the separate and particular subject area the nurse may lack. There were the additional problems of securing specialized faculty, of motivating foreign nurse graduates to enroll, of meeting their highly individualized needs, and of equipping them with sufficient English language skills to see them through to success on examination.

Provision of the State Nurse Practice Acts

An analysis of the provisions of the State Nurse Practice Acts relating to licensure of foreign trained nurses was a part of the project. As had been expected, there was considerable variation among the States in the regulations and procedures for dealing with licensure of foreign nurse graduates. While the requirements for admission of the State Board Test Pool Examination, or for endorsement of an existing license are essentially the same in all the States, the means of evaluating a nurse's credentials may differ.

The differences in procedure may occur as a result of the numbers of applications a State Board is required to process, as well as the specific requirements of the separate State Nurse Practice Acts.

Immigration Laws and Regulations

As part of the survey project, information was developed on immigration laws and regulations relevant to immigration of nurses.

The principal agencies formulating immigration statutes and regulations are:

The Congress of the United States, which has the authority for legislation on the basic requirements for immigration. Any statute governing immigration may be changed by the Congress whenever it sees a need to act.

The Immigration and Naturalization Service of the Department of Justice, which develops the regulations and procedures for determining the admissibility of persons wishing to enter the United States, and has the responsibility for enforcing immigration laws and regulations. Included in this function is the adjudication of visa petitions seeking to confer preference classifications upon certain intending immigrants or classifying certain intending nonimmigrants as temporary workers.

The Department of State, which through its consular offices in foreign countries, receives applicants for visas, supplies necessary forms, advises applications on requirements and procedures and issues visas as provided by the immigration laws and regulations.

The Department of Labor, which is responsible for the issuance of "labor certifications" for alien employment. Under the Immigration and Nationality Act the Department of Labor must determine and certify to the Department of State and to the Immigration and Naturalization Service that: qualified U.S. workers are not available and that alien employment will not adversely affect wages and working conditions of workers in the United States similarly employed.

The Department of Health, Education, and Welfare, which maintains an interest and responsibility for providing the numbers and kinds of health manpower needed to provide health care for the people.

There are a variety of provisions under which nurses may enter the United States: as temporary workers, as exchange visitors or as permanent residents.

Nonimmigrants

The "H" visa granted to nonimmigrant aliens accounts for the recent rapid increase in the number of nurses entering the United States for employment. It provides for nonpermanent admission to the United States of aliens of "distinguished merit and ability to perform services of an exceptional nature." The provision has gradually become utilized to admit greater numbers of aliens who fill needed categories of workers. One reason for this expansion is the fact that the statute, originally a provision for "temporary" admission, was amended by the Congress in 1970 to delete the word "temporary" from the description of employment so that aliens admitted under this provision can obtain work in positions which are permanent. The visa secured under this provision may be renewed almost indefinitely.

Prospective employers prepare and submit to the Immigration and Naturalization Service the petitions for "H" visa eligibility for the persons they have contracted to employ. An employer may include more than one individual in the petition if the beneficiaries of the petition are to be employed in a single institution, will be doing the same kind of work, and will be applying for their "H" visas at the same consulate.

Aliens admitted under this provision are required to take employment with the employer who petitioned for their admission. If they change employment, a new petition must be submitted.

Under certain conditions, aliens admitted temporarily to the United States with "H" visas may apply to have their status adjusted to that of lawful permanent resident aliens.

Upon approval by the Immigration and Naturalization Service, three types of "H" visas may be granted by a U.S. consular officer to nonimmigrant aliens coming "temporarily" to the United States:

H–1—Aliens of distinguished merit and ability to perform services of an exceptional nature requiring such merit and ability.

H–2—Aliens to perform temporary services or labor, if unemployed persons capable of performing such service or labor cannot be found in this country.

H–3—Aliens coming as trainees.

The "J" visa is granted to aliens classified as nonimmigrants coming to the United States as participants in an exchange program approved by the Department of State, to study or work for special purposes. This is commonly for graduate study or studies not available in the country of origin. It is the intent that the student return home and utilize there the acquired knowledge and skills. The holder of a "J" visa may be admitted to the United

States for a period of up to 1 year, and may apply for extensions of stay in increments up to 1 year. Under certain conditions, "J" aliens may apply for adjustment to permanent resident status, while under other conditions, the applicant would be required to leave the United States for at least a 2-year period before he may apply for issuance of an immigrant or certain other classes of nonimmigrant visas.

Immigrants

The "immigrant" visa is issued for permanent residence in the United States. Most aliens utilizing this route are subject to the numerical limitations set forth in the legislation for aliens from the Eastern Hemisphere. The statute provides for a "third preference" to be granted to aliens who are members of the professions or whose exceptional ability in the arts and sciences will substantially benefit the United States; also a "sixth preference" may be granted to qualified persons coming to perform skilled or unskilled services which are in short supply. The Secretary of Labor must certify that there is a shortage of the indicated workers, and that their admission will not adversely affect the conditions of similar workers in the United States.

A visa petition for classification under the "third preference" category may be filed with the Immigration and Naturalization Service by the alien or by any person on his behalf. The alien need not demonstrate that he has already secured employment in the United States.

A visa petition for classification under the "sixth preference" may be filed by a prospective employer in the United States for a skilled (or unskilled) worker he intends to employ.

There is no preference system for natives of independent countries of the Western Hemisphere.

Other foreign graduate nurses may enter the country as children or spouses of citizens or lawful permanent resident aliens, or of aliens entering as immigrants under another section of the law, or as parents, brothers or sisters of U.S. citizens, and this "relative preference" is unrelated to their professional status. Once in the United States, there is no limitation imposed by their visa status on the freedom to take employment.

Required Documentation for Visa Petition

For any of the visas where a petition is being filed on behalf of a nurse based on her professional qualifications, the petitioner is required to submit evidence that the nurse has obtained a full and

unrestricted license to practice in the country where she received her nursing education.

Where a prospective employer is petitioning for temporary admission of nurses, he must submit a statement certifying that "to the best of his information" the beneficiaries of his petition (nurses) can meet the legal qualifications to practice in the jurisdiction where they will be employed.

Copies of contracts between the petitioner and the nurses must be submitted with a petition for "H" classification.

In the case of a visa petition for "third" or "sixth" preference immigrant classification, the petition must also be accompanied by Department of Labor Form MA 7–50 A, "Statement of Qualifications of Alien," which constitutes the application for the required labor certification.

An alien who seeks to immigrate for the purpose of employment is ineligible to receive a visa unless the Department of Labor has determined and certified to the Department of State and to the Immigration and Naturalization Service that qualified U.S. workers are not available and that his employment will not adversely affect wages and working conditions of the workers in the United States similarly employed. Aliens who have prescribed relationships to citizens or lawful permanent resident aliens of the United States are exempt from the labor certification requirement.

There are, of course, further documents required of all classes of visa applicants, such as those concerning health and moral character.

Recommendations of The Advisory Committee to the Survey Project

- An interagency conference should be convened to discuss mutual concerns and responsibilities and improve communications and cooperation in matters affecting immigration of graduates of foreign nursing schools.
- The U.S. Immigration and Naturalization Service and the State Boards of Nursing should maintain close contact in order that both act on complete and accurate information regarding eligibility of foreign nurse graduates to practice in this country.
- A pre-immigration screening examination should be given to foreign nurse graduates in their home countries to reduce immigration of nurses who may have difficulty meeting State licensure requirements.

- Hospitals and agencies which recruit or employ graduates of foreign nursing schools should take greater responsibility in seeing that they secure a license, assisting them by such means as educational leave or tuition assistance.
- A system should be devised for uniform and regular data collection on foreign nurse graduates entering this country.
- A brochure should be prepared for distribution to interested nurses in foreign countries describing the requirements and procedures for qualifying to practice as a registered nurse in the United States.

A list of the members of the Advisory Committee to the American Nurses' Association Survey of Foreign Nurse Graduates is given on page 34.

DISCUSSION OF INFORMATIONAL NEEDS

It was pointed out by the participants that the problems in securing clearcut information on foreign nurse graduates in the United States were shared by other professions. Fairly exhaustive efforts to gather information about foreign medical graduates, for instance, encountered very similar problems; that is, discrepancies in figures reported by the Immigration and Naturalization Service, the professional organizations, or by the State Medical Licensing Boards, and the varied record-keeping mechanisms in the States. In addition, as with nurses, it is possible for a certain number to enter the country as legal immigrants without having indicated their profession. There too, the conclusion is that the actual number of foreign medical graduates in the United States is unknown.

A further complication was brought out by the information that the Immigration and Naturalization Service has no mechanism for knowing if or when immigrants or nonimmigrants leave the United States to return to their home countries (or to other countries).

Certain developments in the last few years which affect information about licensure applications, examinations, and final licensing of foreign nurse graduates were discussed. Among these developments are the virtual elimination of citizenship requirements for admission to the licensing examination; the shifting of visa applications among nonimmigrant nurses from exchange-visitor (J visas) to H–1 ("distinguished merit") visas; and the decision of the State Boards to require all applicants to take the examination rather than to license any by endorsement of foreign credentials.

The first two of these developments would have had the immediate effect of increasing the number of licensure applications to be processed by the State Boards. Nurses with nonimmigrant visas can not apply for citizenship, and therefore, previously could not become licensed. Exchange-visitor nurses, also nonimmigrants, were not required to become licensed as long as they remained on student status (J visa). Illustrating the shift away from J-visas to H–1 visas are the figures from 1969 where there were 1,871 exchange-visitor nurses admitted and 3 "distinguished merit" nurses admitted, compared to 1974 where 313 exchange-visitors and 2,096 "distinguished merit" nurses were admitted as nonimmigrants. All of the latter group would be required to become licensed.

The move to require all foreign nurse graduates to take the State Board Test Pool Examination does not relieve the State Boards of the work of evaluating foreign credentials however, since it must

first be determined whether or not the nurse has completed the educational program required for admission to the examination. On the other hand, this policy, together with the first two mentioned and the generally increasing number of immigrant nurses is placing a strain on the examination facilities.

The Survey made by the American Nurses' Association included years during which the changes outlined above were taking place. On the basis of more recent experience with requiring the examination instead of endorsement, it is predicted that the proportion of foreign nurse graduates who fail to secure a license will increase.

The participants returned to the question of knowing the number and status of nurses being admitted to the United States year by year.[1] An understanding of the full scope of the problem is directly relevant to decisions about setting up testing or other screening mechanisms. It seemed clear that if there are nurses legally entering the United States without having their occupations recorded, they would be in the group of immigrants who enter as spouses, parents, underage children, or other relatives or dependents as provided by law. This "relative preference" group forms a large proportion of immigrants; in 1974 for example, they were 67.5 percent of the immigrants from Europe, and 54.8 percent of those from Asia. There is no way of knowing how many of these might be nurses and might subsequently decide to seek nursing employment in this country.

Since the occupation of persons with nonimmigrant visas is known, we looked at the group with immigrant visas to see whether or not there was a sizeable group who had not indicated an occupation but among whom there could be nurses. For the year 1974, a total of 394,861 persons were admitted with immigrant visas.

All but 2,108 of this total number reported some occupation or occupational status. After eliminating those who reported a specific occupation, the underage children and students, the retirees and those who stated they had no occupation, there remained 84,569 housewives and 2,503 unemployed persons. Among these last two categories there could be nurses.

It should be noted also that of the total of 394,861 immigrants for 1974, only 14,183 were beneficiaries of occupational preferences; of these, 2,137 were nurses. This left the largest proportion of immigrants, 380,678, whose occupation was not relevant to the question of their receiving a visa as a permanent resident. There were

[1] Consultation with the Immigration and Naturalization Service and the Visa Office was sought after the Conference in an attempt to get information that might help to develop a more complete picture of the number of professional nurses actually entering the United States in any given year.

the categories discussed above. Presumably this latter group of 3,194 nurses in this latter group, and there may be more among nurses could not be required to take a pre-immigration nursing/ English language examination as a condition of being granted a visa. Table 1 shows the number and visa categories of nurses admitted in the years 1969–1974. Table 2 shows the total nurses admitted as a percent of graduations from U.S. schools.

It was the belief of an INS official, responsible for data on immigration, that if a person were a trained, professional nurse, she would so state when asked her occupation, even if not currently employed in nursing. It was pointed out, however, by an official of the State Department Visa Office, that no attempt is made by consular officials to inquire beyond a stated occupation, "housewife," for example, to find out whether there was an occupation or profession for which the person had been specially prepared. They do not do so, that is, unless they have been made aware of some special reason for doing so.

A major problem in gathering data about nurses who make application for licensure lies in the highly individual record-keeping practices of the various States. No mechanism is available to the State Boards for charting the progress of each foreign nurse graduate from her first contact with a State Board until achieving licensure in some States or becoming inactive. In order to secure the survey information that has been reported, it was necessary for clerks to locate and separate out files of foreign nurse applicants, search through them for the relevant information, and transcribe it onto their forms. There were variations in the point at which a file was actually started on a nurse, the kinds of information requested on the application forms, the length of time a file was maintained as active, and the availability of records from State archives.

In the course of the ANA survey project, a uniform record-keeping tool for use by all the State Boards was devised. However, the State Boards already report annually on the number of licenses issued by endorsement or examination to foreign nurse graduates and their countries of origin. It was not clear what purpose was to be served by keeping and reporting more detailed information, and the introduction of such a tool has been set aside for the time being.

Other ideas were offered by the participants as to how better information could be kept and shared on foreign nurse graduates. It was stated that the visa could properly be requested on initial application to any State Board. Lists of numbers could be used to remove duplication from the total number of applicants, nationwide. It was

Table 1.—Nurses admitted to the United States, 1969–74

	1969	1970	1971	1972	1973	1974	Total 1969–1974
IMMIGRANT NURSES [1]							
Total admitted	5,466	4,934	6,442	6,851	6,335	5,331	35,359
Beneficiaries of occupational preferences:							
Third preference admissions	617	728	984	961	823	1,688	5,801
Adjustments	109	123	276	527	433	355	1,823
Sixth preference admissions	279	261	262	167	40	32	1,041
Adjustments	73	52	108	202	78	62	575
Total	1,078	1,164	1,630	1,857	1,374	2,137	9,240
All others	4,388	3,770	4,812	4,994	4,961	3,194	26,119
NONIMMIGRANT NURSES [2]							
Total admitted	1,898	1,159	1,321	1,889	3,133	2,580	11,980
Distinguished merit and ability	3	7	716	1,486	2,673	2,096	6,981
Exchange visitors	1,871	1,109	567	382	424	313	4,666
Trainees	8	13	14	4	12	54	105
Other temporary	16	30	19	17	22	63	167
Transferees			5		2	54	61
TOTAL NURSES ADMITTED	7,364	6,093	7,763	8,740	9,468	7,911	47,339

[1] Source: Table 8A, Annual Reports, Immigration and Naturalization Service.
[2] Source: Table 16B, Annual Reports, Immigration and Naturalization Service.

Table 2.—Total nurses admitted to the United States as a percent of graduations from U.S. schools of nursing, 1969 to 1975

Year	Total graduations, basic programs, U.S. nursing schools [1]	Total nurses admitted to U.S., immigrant and nonimmigrant [2]	Percent
1969	42,196	7,364	17.5
1970	43,639	6,093	14.0
1971	47,001	7,763	16.5
1972	51,784	8,940	17.3
1973	59,427	9,468	15.9
1974	67,628	7,911	11.7
1975	74,536	8,460	11.3

[1] Excludes Guam, Puerto Rico and Virgin Islands.
[2] Includes permanent and temporary resident aliens.
Source: NLN State-Approved Schools of Nursing—R.N. New York, The League, annual editions, 1970 to 1975. Also unpublished data.

suggested that such lists could be shared among the State Boards, but since there is no restriction on the nurses' rights to apply in successive States, again the value of such an exercise was not evident.

Other Data Needs

In addition to having better information about the numbers of foreign graduates in the United States, there were other areas on which it would be useful to have more information. The numbers entering and remaining would tell us the extent to which immigration contributes to the total nurse manpower supply in this country. It would also be useful to know more about their eventual location to see how they may be affecting the geographic distribution of nurses in this country. Information about their utilization in nursing employment would help in counseling and in continuing education activities.

An informational need which has been expressed throughout discussions and conferences, especially by those responsible for evaluating foreign nursing school credentials, was for a world-wide "directory" of schools preparing professional nurses. Such a directory should also contain information about the schools' admission requirements, and nursing and general education curriculum, so that it could be more clearly seen whether or not an applicant's preparation met the State Board requirements for admission to the licensing examination. At present there are directories of nursing schools in the European and South American regions published by the World/Pan American Health Organizations. These are simply list-

ings however, and none at all exist for the other regions of the world. Collection of such information for all the countries of the world would constitute a considerable task. It was noted however, that a substantial amount already is available for compilation from the files of the State Boards of Nursing who have had some years of experience in securing and evaluating nursing school information on behalf of their foreign nurse applicants for licensure.

A cautionary note was sounded in the discussion that should such a directory be prepared, the information should be set forth in an entirely objective fashion. Judgments on the nature of a country's nursing schools would be inappropriate.

The nursing profession should also find it helpful to have better information than now exists on the foreign nurse graduates themselves, who come to the United States for permanent or temporary residence. In addition to their characteristics and level of education, it would be useful to have a better understanding of the motivations of those who return or intend to return to their home countries, and of those who intend to remain in the United States permanently.

At present, there is a general belief in the category of "what everyone knows" that the principal reason for nurse immigration is economic. We do not know, however, the degree of motivation that might rest in professional aspirations, in social status needs, in spouse or family decisions, or other factors that affect decisions to migrate.

To have such information could help in formulating policies on immigration, and on integration of foreign-trained nurses into the U.S. nurse workforce.

The difficulties in securing information of these kinds on a wide basis are apparent, as there is no mechanism for contacting foreign graduate nurses nationwide. However, it could be possible to do some investigations on a limited regional basis or within certain employment situations.

REPORT OF PACE UNIVERSITY PROJECT ON A PRE-IMMIGRATION EXAMINATION

Mrs. Lillian Davidsen, Project Director on the Pace University contract reported on the purpose and results of the project.

Purpose

The purpose of the project was to investigate the feasibility of a pre-immigration screening examination for nurses, and to develop a plan for establishing such an examination.

Methodology

Since it was a requirement of the contract that any plan regarding pre-immigration screening procedures, and any recommendations have the concurrence of the nursing profession, every effort was made to inform and involve the nursing profession in the development of information and formation of recommendations.

An Advisory Committee was appointed made up of representatives of the national and international nursing organizations. These were the American Nurses' Association and the National League for Nursing, the ANA Council of State Boards of Nursing, the International Council of Nurses, and the nursing section of the World/Pan American Health Organization. The committee received and studied the information provided by the Project Director, added additional information and insights, and concurred unanimously on their recommendations.

To supply information needed by the Advisory Committee, the Project Director conferred on-site with staff and officials of the nursing organizations and other professional associations and with the Federal agencies concerned with immigration of nurses. Their experiences, points of view, and resources of information-gathering were used in the Advisory Committee deliberations. Of particular helpfulness to the Advisory Committee in specific consideration of a pre-immigration examination was the experience of the Educational Commission for Foreign Medical Graduates (ECFMG).

Educational Commission for Foreign Medical Graduates

ECFMG was incorporated as an independent, nonprofit organization in 1956, and began operation in October 1957. The original sponsoring organizations were the American Hospital Association,

American Medical Association, Association of American Medical Colleges, and the Federation of State Medical Boards of the United States. The Association for Hospital Medical Education was elected as an additional member in 1970. The Board of Trustees includes two representatives from each organization and five members representing the public at large.

Among its purposes are:

a. Testing and evaluation of foreign medical graduates to help determine that such physicians are properly qualified to assume responsibility as interns or residents for the care of patients in U.S. hospitals.
b. Verify the credentials and evaluate educational qualifications of foreign trained physicians who desire to advance their education in the United States.

Funds for the organizational phase and for beginning operations were secured from two prominent philanthropic foundations. ECFMG reports that these funds were repaid within a period of 2 or 3 years. The first examinations were administered in March 1958. ECFMG is self-supporting through the schedule of fees paid by applicants. On inquiry regarding the volume of applicants, which in turn reflects current funds from fees, it was reported there are about 50,000–60,000 initial applicants each year. Of these about 40,000 do some followup and about 23,000 complete the application process. Of the latter number some 3,000 do not take the examination, leaving 20,000 who do, including repeats. Presently the fee for the first examination is $75 and for each subsequent examination, $60. There are other fees for related services.

ECFMG is headquartered in Philadelphia. The commercial computer service which processes the statistical information collected regularly on FMG's by ECFMG is at the same location.

In addition to the contract with the computer service company, ECFMG carries out its work through two other contracts. One of these is with the National Board of Medical Examiners which prints, distributes and scores the examinations.

The third contract is with the Educational Testing Service, Inc. which produces and scores the English language proficiency portion of the ECFMG pre-immigration examination.

The first ECFMG examination was given on March 25, 1958, and examinations have been given semiannually since that time. It was reported that there were 33,000 applications to take the January 1975 examination.

Examinations are administered in 42 centers in the United States, four in Canada, and 120 centers in other countries. It is a one-day

examination given on the same day throughout the world. In foreign centers official cooperation of the U.S. Embassy or Consulate is essential. This requires the designation of one person to be the principal contact with ECFMG for liaison with the local community (primarily the local medical community), for the appointment of American nationals as the Manager and Chief Proctor of the examination, and for the receipt and secure storage of test materials. The liaison person is designated with the cooperation of the U.S. Department of State and the Embassy or Consulate staff. Commonly, the Cultural Affairs Officer is the person designated. Where administration of the examination is not possible, candidates may travel to a test location in another country.

The examination is prepared by the ECFMG Test Committee (seven members including one foreign medical graduate). The examination is constructed from a test pool of questions from the National Board of Medical Examiners (National Board Examination). A new examination is prepared for each testing event.

Candidates for the ECFMG examination must present evidence of having completed the curriculum of a medical school that is listed in the *World Directory of Medical Schools*, published by WHO, and must have the appropriate degree and license or certificate of registration. The ECFMG Board of Trustees has determined for each country what it considers to be the "appropriate credentials." No attempt is made to evaluate the education by the foreign medical schools.

Information as to the candidate's English language proficiency is required. A portion of the ECFMG examination is devoted to testing the candidates' ability to speak and understand English. Should the candidate fail this portion of the examination, the ECFMG certificate would be withheld, even though the remainder of the examination results were satisfactory. The entire examination is given in English.

While it is possible for FMG's with certain visas to enter the United States without the ECFMG certificate, they would not be able to secure AMA-approved internships or residencies or be employed in any direct or indirect patient care activity in hospitals accredited by AHA. One reason given by the Joint Commission on Accreditation of Hospitals for withholding accreditation is that hospitals employ foreign medical graduates who have no medical license or ECFMG certification.

Forty-eight of the fifty-five States and territorial jurisdictions require that graduates of medical schools in foreign countries other than Canada *pass the ECFMG examination as a prerequisite for admission to their licensing examinations*, according to *Medical*

Licensure Statistics for 1971, published by AMA September 10, 1972.

Between 1958 and the end of 1971 more than 144,000 foreign trained physicians had taken the ECFMG examination, of whom slightly fewer than 95,000 had ultimately passed. Applicants are allowed unlimited opportunity to repeat the examination. The overall rate of success is determined to be 65 percent, whereas the pass rate for any particular test is approximately 38 percent. There is a continuing pool of repeat candidates for each examination (about 40 percent).

The alien physician coming to the United States to fill an appointment as an intern or resident is documented as an immigrant or as a nonimmigrant in categories J–1 (exchange visitor) or H–1 (temporary worker or trainee). An ECFMG certificate of successful completion of the examination is required for granting visas to foreign medical graduates in the nonimmigrant categories, and the occupational preference immigrant categories.

Recommendations of the Advisory Committee

In regard to a pre-immigration examination, the Advisory Committee to the Pace University Project unanimously agreed on the following recommendations:

1. *Establishment of a Commission on Graduates of Foreign Nursing Schools.* An independent, autonomous, nonprofit organization be established and incorporated for the following purposes:
   a. To serve as a clearing house for authoritative information on programs in nursing education and credentialing of nursing personnel in foreign countries.
   b. To provide a system for the evaluation of credentials of graduates of foreign nursing schools.
   c. To conduct studies of the utilization of graduates of foreign nursing schools in the United States.
   d. To establish procedures for testing and evaluating which would provide reasonable assurance that graduates of foreign nursing schools would be eligible for admission to the licensing procedure of the States within the United States.
   e. To conduct a testing and evaluation system which would provide the reasonable assurance that graduates of foreign nursing schools would be successful in completion of the licensing procedure.

In addition:

a. Initially the proposed organization should be composed of nurses, with the American Nurses' Association and the National League for Nursing as the founding bodies.
b. That initially the trustees be nurses appointed by the founding bodies from their respective organizations.
c. That the functions of the initial trustees include the establishment of incorporation, provision for staff and facilities, and the securing of funds for the subsequent start-up phase.
d. That provisions be made in the by-laws for the addition of other organizational members and other types of trustees as deemed appropriate.
e. That a member of the ANA Council of State Boards of Nursing be appointed as a trustee, and that the Advisory Committee to this project serve as Advisory Committee for the proposed organization during its first year of operation.

2. *Name of Organization.* Since the testing and evaluation system of the proposed organization would include U.S. citizens graduating from foreign nursing schools, reference to the organization and its purposes should identify the fact that the organization is concerned with graduates of foreign nursing schools rather than foreign nurse graduates. Identification of the organization should allow for multiple purposes and future expansion of activities. It was recommended that the proposed new organization be named the Commission on Graduates of Foreign Nursing Schools.
3. *Location.* The proposed organization should be located conveniently to the offices of the Educational Commission on Foreign Medical Graduates in Philadelphia.
4. *Funding.* Initial funds should be sought from the founding or sponsoring organizations, and from other organizations which might appropriately contribute to funding the organizing phase; and on incorporation, funds be sought also from foundations to begin operations; and a schedule of fees be established for the examination and related services with the goal that the proposed organization will become self-supporting.

Further recommendations as to procedures and policies that may be used as a guide by the new organization were also unanimously agreed to and are available in the report of the project.

A list of the members of the Advisory Committee to the Pace University Project appears on page 35.

DISCUSSION OF UTILITY AND FEASIBILITY OF PRE-IMMIGRATION EXAMINATION

With the mechanism of the ECFMG examination already functioning throughout the world, the participants agreed that there should be no particular obstacle to establishing a similar mechanism for a nurses' examination. The cooperation of the consular officials and the services now extended to ECFMG could be extended to nursing.

Earlier, State Department visa officials had indicated that just as the ECFMG certificate was made a requirement for certain visas for foreign medical graduates, the same could be made a requirement for visas for nurses. The process of applying to take the examination in the home country could serve to acquaint nurses more fully with the educational and licensure requirements they would have to meet in this country. The examination itself would further acquaint nurses with the nature and level of difficulty of the State Board Test Pool Examination. Thus it was seen probable that nurses who might have difficulty in getting a license would realize it before committing themselves to a decision to emigrate.

The fact, as discussed above, that it is possible for nurses to enter this country under certain visas without indicating their profession or any intention to practice, was discussed in relation to an examination as a visa requirement. Since there is no limitation on the right of these nurses to take paid employment, it follows that they too would be applying for licensure. The probable size of this group in addition to otherwise visaed foreign nurse graduates already in the United States is larger than had been thought at the time the recommendation was made to confine the nurses' examination to foreign countries. It may be necessary to reexamine the recommendation and to consider giving the examination in this country as soon as an examination is established.

An additional value of an examination mechanism in foreign countries would be the establishment of a uniform criterion for the use of consular officials in granting visas. The task of evaluating a nurse's credentials for admission to the examination both here and abroad would become the responsibility of a group with the specialized information and resources to do so.

Since the State Boards of Nursing are now almost entirely requiring all graduates of foreign nursing schools to take the State Board Test Pool Examination, the question was raised as to the

usefulness of giving the pre-immigration examination to foreign nurse graduates already in the United States. It was agreed that here also, the body responsible for the examination could assume the responsibility of evaluating the nurses' credentials, using criteria and procedures which would be uniform—this in contrast to the variation among the States that presently exists. Then as the State Boards would move toward requiring the examination certificate as the uniform credential for admission to the State Board Test Pool Examination, further uniformity in State requirements would be achieved. This would make it easier for nurses and others to know and understand State requirements and procedures and should reduce the "shopping around" among States for easier access to licensure.

It was recognized by the participants that the pre-immigration examination, even when well established would not be a total solution to the problem of unlicensed nursing personnel working in the United States. Some will fail the SBTPE and the need for additional measures will continue. These could include more well-designed educational programs, guidance to employers on appropriate utilization of unlicensed nursing personnel, and counseling of foreign nurse graduates on employment in keeping with their training and licensure status.

It was brought out by the participants that ECFMG had begun its activities with very modest arrangements for staffing and office facilities. At the beginning its functions were similarly limited. The present scope of its operations developed gradually as the needs were seen and resources were available. What is now a fairly elaborate system of record-keeping and retrieval was also developed gradually as need was seen. From the beginning, as noted above, ECFMG has been financially self-supporting through its schedule of fees for the examination and related services.

The ECFMG certificate has become a widely recognized and respected credential. (It is reported that it is sometimes used by foreign physicians as a credential in migrating between countries other than the United States). The files of ECFMG have also been a continuing resource for foreign physicians in this country needing copies of their credentials, documents, or transcripts for employment or continuing education.

The point was raised that the ECFMG examination was under criticism from some quarters as not adequately evaluating the readiness of foreign-trained physicians to benefit from educational programs in this country, or that the level of difficulty of the examination was not comparable to that of examinations U.S.-trained physicians must take. It was agreed that in the limited time (one

day) available for the ECFMG examination, which also includes testing for English language competency, it is not possible to give completely comparable examinations. The ECFMG examination is, however, under evaluation itself with the intention that it be strengthened.

The Advisory Committee studying the feasibility of a nurses' examination had clearly stated their position that the examination be in the style and of comparable difficulty to the State Board Test Pool Examination. The members of the group experienced in nurses and physicians licensure examinations agreed that care must be taken in preparing examinations which test the same body of knowledge not to compromise the security of the licensure examinations. They agreed this could be done, however.

They felt that adequate testing for English language proficiency was almost more difficult, since it is not possible, for instance, to present a candidate with the various regional and ethnic accents and expressions that may be met in this country. In addition, the objective style testing in use in our examinations requires quite rapid selection from among statements whose wording can be quite similar or subtle.

Additional or Alternative Measures Suggested

Removal of nurses from shortage categories of workers who may receive certain preferences for visas was suggested as a means of reducing the number of nurse immigrants. The need for foreign nurses that was being expressed by employers is decreasing as the supply of U.S.-trained nurses increases.

Discussion of the possibility of removing nurses from the "shortage category" brought out that at the time the "shortage" provisions were enacted, the Labor Department made the determination to apply the provisions universally to all nurse employment. Thus it is not necessary for an individual employer petitioning on behalf of foreign nurse graduates to supply documentation that U.S.-trained nurses are not available for employment. Since this application of the statutory provisions is part of the regulations made by the Labor Department for administering the law, the Labor Department could also change its regulation if advisable, and discontinue the practice of more or less automatically honoring the petitions of all nurse employers without individual determinations. The *immigration law*, nevertheless, would remain, offering preference to certain categories of workers in short supply, and it was agreed that the repeal or amendment of a law is not so readily accomplished. Even a change in regulations engenders opposition or

protest from those who have been accustomed to utilizing established procedures to meet their needs. Nevertheless if sufficient argument and data could be presented to the Labor Department to indicate there was no longer a general shortage of nurses, they would consider discontinuing the present "automatic" certification.

When asked what kinds of information and data were used as a basis for the present regulation, it was admitted that it was set simply on the basis of clear impressions of need gained through well-publicized conditions of shortages of nurses and other health care professionals. It was recognized by the participants, however, that once established, any change would have to be justified by arguments that can be clearly supported by facts and figures. Experience has shown that employment and unemployment data on health professionals is very difficult to secure.

The participants were then reminded that even were the regulation which automatically includes all nurse employment dropped, the provisions of the law giving certain preferences to "shortage" occupations would still have to be administered. For occupations outside of the health professions, the Labor Department makes determinations of shortage on a regional basis. (There are 10 Labor Department Regional Offices, each composed of a number of States.) Employment data is regularly collected by the Bureau of Labor Statistics through its ongoing household surveys and through regular reports from the 2,300 local offices of the State Employment Services. Since employers rarely use State Employment Services in seeking nurses, the extent of unfilled demand would not appear in SES reports. The number of nurses included in sampling of households is too small to be separated out in data analysis. Thus the Labor Department would have great difficulty carrying out their responsibility to determine whether or not a shortage exists in the Region, let alone the locality, of a particular employer. It is also the case that institutions in the same community may be experiencing quite different success in attracting nurses into employment. To attempt to evaluate each employer's petition in order to determine that there were justification for wanting to employ foreign nurse graduates would require judgments probably beyond the scope of the department's responsibilities. In any case, such efforts would require resources of time and staff not available for the task. In order to develop a less unwieldy procedure, specific shortage areas might be named, or particular types of employment singled out as having a recognized shortage, but this would be done on bases no more satisfactory than the present blanket inclusion of all nurse employments.

In addition, it was again recognized that the nurses being admitted through provisions for shortage categories are only a portion of those entering the country.

It was the general conclusion of the participants that asking for a change in the present regulations dealing with nurses as a shortage category could result in complications greater than those surrounding the present practice. At best it might reduce the number of entrants but would do nothing to assure the qualifications of those who do enter.

"Distinguished Merit and Ability" as another blanket designation was then discussed. Originally introduced to facilitate entry of professionals with recognized accomplishments for lectureships, study or research, it has been gradually extended to all members of the health professions. It was clear that if a serious definition of "distinguished merit and ability" were applied to all those seeking a visa to enter the United States as nurses, a much smaller number of entrants would result.

Although criteria could be developed to define "distinguished merit and ability," consular officials would probably find administration of such criteria difficult and possibly inadvisable.

The participants discussed the possibility of having nurses as a group removed from the list of those professionals designated as having "distinguished merit and ability," and therefore having certain preference for immigration. Again it was conceded that this could be done readily enough from a mechanical point of view. It was pointed out, however, that the change would meet the same objections that arise when an established practice is discontinued and would simply generate new problems. It was also agreed that the nursing profession would probably find it unacceptable to be the only profession singled out for elimination from the list of health professionals designated as having "distinguished merit and ability."

SUMMARY

Information about graduates of foreign nursing schools in or entering the United States is incomplete and inadequate, and quite difficult to secure. Nevertheless, existing information could be brought together from a variety of sources and additional investigations undertaken to improve and enlarge the existing data base. Before any significant resources are given to further efforts to secure information, the need for and purposes for doing so must be determined.

At present, no single universally accepted criterion is available to consular officials in issuing visas to determine that the visa applicant will meet State Board of Nursing requirements, either for the temporary permit (where this is still issued) or for admission to the State Board Test Pool Examination.

State Boards of Nursing do not have a universally accepted credential for issuing a temporary permit, or for admission to the licensing examination.

Neither the State Boards of Nursing nor the Immigration and Naturalization Service have the necessary mechanisms, resources, and support to carry out adequate enforcement of the licensure provisions or the immigration regulations.

Attempts to correlate information from the State Boards of Nursing and from the Immigration and Naturalization Service regarding numbers of foreign nurse graduates have shown that the actual number of nurses entering/remaining in the United States is not known. It has been determined, however, that of those who apply for licensure, fully half may never secure a license.

As the practice of licensure through endorsement of credentials earned in foreign countries is discontinued and foreign-trained nurses are required to take the licensing examination, indications are that the proporton of unlicensed foreign-trained nurses will increase.

Measures to reduce the number of foreign-trained nurses entering the country by removing them from categories giving them certain visa "preferences" appear to be either unacceptable to the nursing profession or to offer significant problems in administration.

Nurses in foreign countries often are unable to get an accurate or realistic understanding of the requirements of State licensure or the nature of the State Board Test Pool Examination. Establishment of a pre-immigration examination would create a mechanism

and opportunity for supplying the experience before nurses commit themselves to emigration.

A certificate from a pre-immigration examination is proposed as a required credential for issuing certain classes of visas for nurses to enter this country. It is also proposed that the State Boards of Nursing move to make the certificate the credential for admission to the licensing examination.

If this were done, it would appear necessary to also arrange to give the "pre-immigration" examination to the foreign nurses already here and to those who enter without having to identify themselves as nurses.

Responsibility and concern for the various aspects of immigration, licensure, and utilization of foreign nurse graduates is presently fragmented among many agencies and organizations. An organization formed to develop and administer an examination could also become the focus and clearinghouse for all information and other concerns related to foreign nurse graduates.

Locating within one organization all the activities related to credentialing of foreign nurse graduates prior to the State licensing examination would relieve the State Boards of a resource-consuming task and lead to development of a consistent and uniform credential applicable to all foreign nurse graduates applying for licensure. The uniform credential would eliminate "shopping" from State to State seeking less demanding requirements.

Even among the nurses who successfully take the pre-immigration examination there will be some who subsequently fail the State licensing examination. There will continue to be a need for educational and counseling opportunities for these nurses.

There is a need for an organization in which to center all matters relating to foreign nurse graduates. Based on the experience of ECFMG, the founding of a similar organization for nursing appears feasible; and such an organization could be helpful to the nursing profession in this country as well as to nurses seeking to immigrate.

Conclusion

There was concensus clearly expressed by the participants that an organization should be established as a central agency for all matters relating to immigration of graduates of foreign nursing schools, and that a pre-immigration prelicensing examination would reduce the burden of individual evaluations now carried by the State Boards of Nursing, and help to insure that nurses who immigrate would have a reasonable chance to become licensed.

POST-CONFERENCE MEETING ON IMPLEMENTATION

At the conclusion of the full meeting, the Executive Directors of the American Nurses' Association and the National League for Nursing met with the Director of the Division of Nursing to consider the steps necessary for action on the concensus expressed in the conference and on the recommendations from the Pace University Project and the ANA Foreign Nurse Survey Project.

These representatives expressed their agreement with the recommendation to establish an autonomous, nonprofit organization in which to locate the matter of a pre-immigration examination and all other matters relating to graduates of foreign nursing schools which such an organization might consider it appropriate to assume.

It was understood that the organization should be formed under the aegis of ANA and NLN and that such sponsorship implied a willingness to undertake the initial financing. The Division of Nursing was seen as assisting in the initial financing under its delegated responsibility to support the profession's efforts to regulate and maintain high standards of education and practice.

The Executive Directors of ANA and NLN agreed that they would take to their respective governing bodies at the earliest opportunity, the proposal that they officially sponsor the formation of the organization and share the costs of the organizing period. They agreed that if such sponsorship is agreed on by both organizations, the probable first step would be the appointment by ANA and by NLN of the initial Trustees or Commissioners of the new organization, and that it would then become the task and authority of those Trustees to design the structure and functions of the organization to meet the purposes for which it was established.

Meetings of the governing bodies of ANA and NLN will be taking place during the fall, and it was believed that their decision on the matter would be known by January 1976. A report of this conference and other reports and information would be prepared for their use in considering the proposal.

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